

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 07 C 6322

North Shore Sanitary District for the use and benefit of Great American Insurance Company, Plaintiff,

vs.

Travelers Casualty and Surety Company of America,
Defendant.

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

NAME (Type or print)	
Joseph John Henderson	
SIGNATURE (Use electronic signature if the appearance form is filed electronically)	
s/ Joseph John Henderson	
FIRM	
HENDERSON & HENDERSON, P.C.	
STREET ADDRESS	
700 S. Lewis Avenue	
CITY/STATE/ZIP	
Waukegan, Illinois 60085	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS)	TELEPHONE NUMBER
01185497	847/623-7880
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS.	
RETAINED COUNSEL <input type="checkbox"/>	APPOINTED COUNSEL <input type="checkbox"/>